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Ser 02/091  
11 Feb 04

From: Deputy Director, TRICARE Mid-Atlantic Region  
To: Commanders, Military Treatment Facilities TRICARE Mid-Atlantic Region

Subj: TRICARE MID-ATLANTIC MEDICAL DIRECTORS BOARD MEETING

Encl: (1) Registration/Fund Application Form  
(2) Quota List

1. TRICARE Mid-Atlantic Region (TMAR) will host a Medical Director's meeting on Thursday, 26 February 2004, in the Chiefs Conference Room at the Koritz Medical Clinic, Seymour Johnson Air Force Base, North Carolina.
2. Enclosure (1) must be completed by **20 February 2004**. Quotas have been allocated to each command and Enclosure (2) outlines the distribution. TMAR will provide the fund cites for the quota of individual traveling to Seymour Johnson for the meeting.
3. To expedite registration, please send your registration form to Mrs. Raquel Velazquez at [Raquel.Velazquez@mh.tma.med.navy.mil](mailto:Raquel.Velazquez@mh.tma.med.navy.mil) or Mrs. Ruby Johnson at [Ruby.Johnson@mh.tma.med.navy.mil](mailto:Ruby.Johnson@mh.tma.med.navy.mil) or fax to (757) 314-6481. For registration questions please contact Mrs. Velazquez at (757) 314-6493 or Mrs. Johnson at (757) 314-6456.
4. Thank you for your ongoing collaborative efforts in working with the Lead Agent. I appreciate your support in disseminating this opportunity to your staff and facilitating participation.

  
CARLOS A. TORRES  
CAPT, NC, USN

Distribution:  
Medical Director, NMCP, Portsmouth  
Medical Director, MACH, Fort Eustis  
Medical Director, 1MDG, Langley  
Medical Director, KACH, Fort Lee  
Medical Director, WAMC, Fort Brag  
Medical Director, NH Cherry Point  
Medical Director, NH Camp Lejeune

**MEDICAL DIRECTORS MEETING**

**Thursday, 26 February 2004**

**QUOTA OF ATTENDEES FUNDED BY TMAR**

Registration Deadline

***20 Feb 04***

MILITARY TREATMENT FACILITIES	TOTAL QUOTA
Naval Medical Center Portsmouth	1
1 <sup>st</sup> Medical Group Langley, AFB	1
McDonald Army Community Hospital, Fort Eustis	1
Kenner Army Health Clinic, Fort Lee	1
Womack Army Medical Center, Fort Bragg	1
Naval Hospital Camp Lejeune, North Carolina	1
Naval Hospital Cherry Point, North Carolina	1
43 <sup>rd</sup> Medical Group, Pope Air Force Base	1



Registration Deadline

**20 Feb 04**

**TRICARE MID-ATLANTIC MEDICAL DIRECTORS MEETING**  
**REGISTRATION AND FUND CITE REQUEST APPLICATION FORM**

*SPONSORED BY TRICARE MID-ATLANTIC (TMAR) POPULATION HEALTH DIRECTORATE*

**Date: 26 Feb 04 Location: Chief Conference Room, Koritz Medical Clinic,  
Seymour Johnson, Air Force Base, North Carolina**

**REGISTRATION:** There is no registration fee. However, pre-registration is required. To register, complete and return to TMAR via fax to Raquel Velazquez or Ruby L. Johnson at (757) 314-6481. For further information please contact Mrs. Raquel Velazquez or Ruby L. Johnson at (757) 314-6441, DSN 565-0386 x 6441.

Travel Funding Request (fund cite\*) by TMAR Yes \_\_\_\_\_ No \_\_\_\_\_

**\* If yes, complete both the top registration section and the bottom fund cite application section and return to TMAR via fax to Raquel Velazquez or Ruby L. Johnson at (757) 314-6481.**

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

RANK/RATE/TITLE/GRADE (specify civil service or MCSC): \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

SOCIAL SECURITY NUMBER (required): \_\_\_\_\_

COMMAND/AGENCY: \_\_\_\_\_ Division/Department: \_\_\_\_\_

FULL COMMAND/AGENCY MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS (attendee): \_\_\_\_\_

PHONE (attendee): \_\_\_\_\_ DSN (attendee): \_\_\_\_\_ FAX (attendee): \_\_\_\_\_

\*COMMAND FAX (Travel Coordinator POC/for fund cite): \_\_\_\_\_

\*COMMAND PHONE (Travel Coordinator POC/for fund cite): \_\_\_\_\_

Only **active duty** and **civilian service personnel** are eligible for TMAR TAD/TDY funding. If approved, TMAR TAD/TDY funding covers per diem/transportation expenses only for participants (within TMAR) traveling a distance greater than 50 miles (one-way) to the conference, and requiring overnight lodging.

**\*MODE OF TRANSPORTATION:** (PLEASE NOTE: Only one vehicle per five attendees from each command, or rental vehicle, is funded by the Lead Agent). If using a rental vehicle, please indicate if you are the designated driver or passenger. **Please make every attempt possible to obtain a Government Vehicle. POVs will not be authorized and those driving POVs will do so at their own expense.**

\_\_\_\_\_  
GOVERNMENT VEHICLE  
\_\_\_\_\_  
RENTAL CAR

\_\_\_\_\_  
Driver      \_\_\_\_\_  
Passenger

**LODGING:**

In accordance with BOQ requirements, TMAR will make your reservation.

Please provide:      Date of Arrival: \_\_\_\_\_      Date of Departure \_\_\_\_\_

**DRESS:** Military: Normal Duty Uniform, Civilians: Business Casual

**Signature of Traveler:** \_\_\_\_\_

**Signature of Traveler's Supervisor: (include phone#)** \_\_\_\_\_

**TRICARE Mid-Atlantic, 5425 Robin Hood Road, Suite 203, Norfolk, VA 23513-2441**